

To,
SHIPMENT SOLUTIONS

KNOW YOUR CUSTOMER (KYC) FORM

Date : 06.04.2022

Sr. No.	Particulars	(To be Filled by Shipper/ Consignee / CHA)	
1	Name & Address of Consignee / Forwarder/CHA*(INVOICE PARTY)	AMC2/814,NEAR KOMMADY P.O,A.S.ROAD SOUTH ARYADU ,ALLAPPUZHA 688007.KERALA ,INDIA	
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship) *	Partnership	
3	Date of Establishment *	1995	
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)	1005008736	
5	CHA / MTO No (if CHA / Forwarder)	SEVEN OCEAN	
6	Permenant Account No. (PAN) *	AAIFC82TOG	
7	Tax Deduction Account Number(TAN)*		
8	GST Registrarion No.*(GST COPY REQUIRED)	32AAIFC8270GIZJ	
9	Nature of Business *	EXPORT/ MANUFACTURE	
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head *	BAIJU SATHYAPALAN / Cocofibre @gmail.com	
11	Name & Mobile No, Tel. Nos and E-Mail id of Decision maker or Authorised person interacting on day to day basis for business *	BAIJU SATHYAPALAN / Cocofibre @gmail.com /8156980041	
12	Bank Details *	Name & Address	AMC2/814,NEAR KOMMADY P.O,A.S.ROAD SOUTH ARYADU ,ALLAPPUZHA - 688007.KERALA ,INDIA
		Telephone No. (Bank)	
		A/c. No.	A/c . No - 10150200012293
		MICR No. of the Bank	
		RTGS Code No.	
13	I hereby declare the above information is true & correct, In case of any changes in the above details, we agree to keep your office informed and re-submit the relevant documents along with the revised KYC form.		
14	Authorised Signature with Company Seal *		
15	Full Name of the Authorised Signatory *	BAIJUSATHYAPALAN	
16	Place of Submission	ALAPPA21:D29UZHA	